								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10/660110					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EI	NTITY	OR	OTHER		
TOTAL CLAIMS			44				1	RATE FEE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	ĒĖ		OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			44minus 20=		* 24			X\$ 9=			OR	X\$18=	d1 2-00	
INDEPENDENT CLAIMS			3 minus 3 =		* &			X43=			OR	X86=	3, 4, 00	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=				+290=		
* 11	the difference	in column 1 is	less than zero, enter "0" in			column 2	[TOTA			OR OR		120 2,00	
/ /p / / CLAIMS AS AMENDED - PART II									_		,	OTHER		
Q	12016	(Column 1)	(Column 2) (Co			(Column 3)	_	SMALL ENTITY			OR	SMALL		
AMENDMENT A	/	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOW	Total	.26	Minus	**44	P	=		X\$ 9=			OR	X\$18=		
AME	Independent	$\cdot 2$	Minus	· · ·	}	=		X43=	1		OR	X86=		
L	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM	,		+145=	_		OR	+290=		
,							L	TOT	AL			TOTAL		
(Column 1) (Column 2) (Column 3)								VODIT. FE	EL		'	ADDIT. FEE		
_		CLAIMS	<u> </u>	HIGH	ST		Г		7	ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=	T	X43=	1		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		Un			
							L	+145=			OR	+290=		
								TOTA DDIT. FE			OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)												•		
MEN	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= .		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***				X43=	+			X86=		
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM			+145=	+		OR			
• H	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. 										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OR TOTAL ADDIT. FEE														
		ber Previously Paid					r four	nd in the :	anne	ropriate box	in col	umo 1		